

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Quality Assurance Division-Licensure Bureau

2401 Colonial Drive P.O. Box 202953

Helena, MT 59620-2953

FAX: (406) 444-1742

RETIREMENT HOME CHANGE OF OWNERSHIP LICENSE APPLICATION

Total Number of Beds _____

New Facility Name: _____

Prior Facility Name: _____

Previous owner/administrator/leaser: _____

Facility Address: _____ PO Box _____

City: _____ State/Zip: _____

County: _____

Facility Telephone Number: _____ Fax Number: _____

Facility E-mail/Web page Address: _____

Floor Plan Is: ☐ Existing Structure without change ☐ Addition ☐ Remodel

Name of Applicant: _____

Applicant Address: _____ City: _____ State/Zip: _____

Administrator of New Facility: _____

Owner (if different from applicant): _____

Owner Address: _____ City: _____ State/Zip: _____

Owner e-mail: _____

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Information on ownership, contract or lease agreement if operated by a person other than the owner:

- ☐ If a partnership, firm or association, list every member thereof.
☐ If a corporation, list the name and address thereof and the names of its officers.
☐ State Affiliated Organization

NAME

ADDRESS

NAME	ADDRESS
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(Please attach additional sheets as needed.)

I certify that all information I have submitted to DPHHS is true and correct. This Application for license for a Retirement Home is hereby submitted under the provision of Section 50-5-101 through 50-5-208.

SIGNED _____ **DATE** _____

TITLE _____

ADDRESS: _____ **CITY** _____ **STATE/ZIP** _____

Enclose a check, money order or draft made payable to the *Department of Public Health & Human Services* to cover the license fee. The fee is determined as follows:

(a) facilities with 20 or less = \$20.00

(b) facilities with 21 beds or more = \$1.00 per bed.

This fee will be deposited in the State Treasury and is non-refundable.